

# CASE SERVICE REPORT

# **HOLIDAY INN (HOLI001)**

28 -32 O CONNELL STREET **DUBLIN 1** Ireland

#### **ASSET DETAILS**

Holiday Inn O Connell St Asset Asset Address O Connell Street, Dublin, ,

#### **CASE DETAILS**

Date 1/2/2025 Case No. 89901

Subject Electrical Private - Service PPM

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#### Parts & Charges

Quantity	Item	Description
1	SERVICEMULTI	Multiple System Service - Refer To Case Report
1	S4-711-V-VAD-HPR	S4 Dual Optical Heat Sensor Voice Sounder High Pow

#### **TASKS**

#### **TASK NO. 5621126**

Service Date 26/2/2025 Site Visit Task Type **Technician** Mick Martin

**Actions Taken** Quarterly service of fire alarm system. L4-2 smoke detector in room 207 in fault, replaced device. All other manual and automatic

devices tested in good working order. Full report on nimbus. Panel batteries checked. No output test by request (client does weekly

test and nothing to report). System reset and left in healthy condition.

Disabled refuge system checked, all devices tested in good working order. Handset needs to be replaced.

30x minute test completed on emergency lighting system, devices 2.26 exit-6.15 spot-5.17 exit- 5.6 spot need to be replaced. All

other devices in good working order.

### **CHECKLISTS COMPLETED**

## FIRE ALARM SYSTEM - HOLIDAY INN O CONNELL ST

ltem	Value / Comments
Were there any faults on the system before the service commenced	Yes
Entries in the logbook were checked	Yes
Event logs checked on the fire alarm panels	Yes
False alarm reports were investigated and corrective actions communicated to the client	Yes
Fire panel alarm functions and controls were checked	Yes
Standby batteries and connections were checked	Yes
Manual call points and detectors were checked in accordance with current IS3218 standard	Yes

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Item	Value / Comments
Sounders & VADs were tested and verified	No
ARC link to the monitoring station was tested and verified	N/A
Client has been notified of links to third party equipment and the tests required	Yes
Alternations (if any) to the fire detection and alarm system since the last service has been documented	N/A
Structural and occupancy alternations (if any) to the building layout which affect the FDAS has been documented	N/A
All zones are clearly identified	Yes
A zone chart is fitted beside the fire panel	Yes
A model D2 fire detection and alarm system certificate is in place and has been updated	Yes
Logbook has been updated	Yes
A model D1 Fire detection and alarm system certificate has been issued	Yes
Fire alarm system returned to normal operating mode on departure	Yes
Recommendation were made (if yes list in body of report)	N/A

## **EMERGENCY LIGHTING SYSTEMS - HOLIDAY INN O CONNELL ST**

Item	Value / Comments
Entries in Logbook checked	Yes
There is a suitable test facility (CTU) for simulating failure of supply	Yes
A 30 minute duration test was completed in accordance with the current IS3217 standard	Yes
A 180 minute duration test was completed in accordance with the current IS3217 standard	No
Status LED's on the emergency light fittings were checked after completing the duration test	Yes
Structural and occupancy alterations (if any) to the building layout which affects the emergency lighting have been documented	N/A
Emergency exit signs are in maintained operation mode	Yes
Emergency exit signs clearly and unambiguously indicate direction of escape	Yes
Emergency lighting system model schedule for periodic inspections, tests and servicing due dates were updated	No
Emergency lighting system report for inspection, testing and servicing were completed	Yes
Emergency lighting system certificate for annual inspection and testing were completed	N/A
Logbook has been updated	Yes
Recommendations were made (if yes, list in body of report)	

# DISABLED REFUGE SYSTEM - HOLIDAY INN O CONNELL ST

Item	Value / Comments
Panel alarm functions and controls were checked	Yes
Standby batteries and connections were checked	Yes
All refuge outstations were checked for damage and remain unobstructed and conspicuous	Yes
Communications were tested from each outstation to the master panel	Yes
Recommendation were made (if yes list in body of report)	Yes

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# **OPEN RECOMMENDATIONS**

Recommendations	Status
None	Open
None	Open

## **SIGN OFF**

Customer Name
Customer Signature

Muhammad

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